

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037606

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30Primary Registration District No. 4038Registrar's No. 64

FILED OCT 29 1962

VS 300
Rev. 4/59

10080

20080

3

4 0

5 1

6

7 0

8 0

9 193.0

10

11

12 86-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Bentonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WarsawLength of stay in 6 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Oak Haven Nursing HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE mob. COUNTY Bentonc. CITY OR TOWN LincolnInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
streets not numberedReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JULIUSJ.Boehmer

4. DATE OF DEATH

Month OctDay 24Year 1962

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/21/1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10b. KIND OF BUSINESS OR INDUSTRY

mercantile

11. BIRTHPLACE (City and state or country)

Lincoln, mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Boehmer

13b. MOTHER'S MAIDEN NAME

Theresa Schultz

14. NAME OF HUSBAND OR WIFE

Lillian Boehmer15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Lillian Boehmer

Address

Lincoln, mo18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Encephalopathy

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Astrocytoma, left cerebral

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Aortic stenosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour 3:00
a.m. A.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 62to 10-23-62

and last saw her

him

alive on

10-23-62

Death occurred at

3:00 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. Rhodes

(Degree or title)

22b. ADDRESS

Warsaw, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

23d. LOCATION (City, town, or county)

Lincoln

(State)

mo

24. FUNERAL DIRECTOR

Fred Davis & Son, Lincoln

ADDRESS

25. DATE RECD. BY LOCAL REG.

Oct. 25, 1962

26. REGISTRAR'S SIGNATURE

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

NOV 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Le Roy Davis, Student Embalmer No. 659

working under my personal supervision.

Student Le Roy Davis
Signature of Student Embalmer

Signed Gene S. Barton

Licensed Embalmer No. 4021

P. O. Address 1015 1/2 St. SE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.